

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from  
Christopher Mutterer  
dba C+J Limousine

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2009-29-T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: CHRISTOPHER MUTTERER

Telephone: (843) 384-1921

Address: 110 HOLLY RIDGE DRIVE  
BLUFFTON, SC 29910

Fax:

Other:

Email: muttfactor2112@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application – Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application – Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application – Class E Household Goods  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application – Class E Hazardous Waste  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Name Change on Certificate   | <input type="checkbox"/> Other:  |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

FORM C-AC

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTER

DATE January 6, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND  
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

C + J Limousine

(CHRISTOPHER MUTTERER dba C+J Limousine)

2. (a) Street Address of Applicant 110 HOLLY RIDGE DRIVE

BLUFFTON, SC 29910

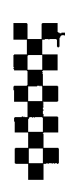
(b) Mailing address, if different from street address \_\_\_\_\_

(c) Telephone Number (843) 384-1951 Fed ID # \_\_\_\_\_

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.



7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

**BALANCE SHEET**

Balance at Time Application is Filed:

Month: January Year: 2009

<b>Assets:</b>	
Cash	\$ 775
Receivables	—
Real Estate	—
Buildings and Equipment-Net	—
Motor Vehicles-Net	—
Garage Equipment-Net	—
Machinery and Tools-Net	\$ 500
Supplies on Hand	\$ 100
Prepays and Other Assets	—
<b>Total Assets</b>	<b>\$ 1475.00</b>
<b>Liabilities and Equity:</b>	
Accounts Payable	—
Notes Payable	—
Mortgages Payable	—
Equipment Obligations	\$ 1,000.00
Accrued Salaries and Wages	—
Other Accrued Obligations	—
Other Liabilities	—
<b>Total Liabilities</b>	<b>—</b>
Capital Stock	—
Retained Earnings	—
<b>Total Equity</b>	<b>0</b>
<b>Total Liabilities and Equity</b>	<b>\$ 1,000</b>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, \_\_\_\_\_ (Name of Applicant's Representative) \_\_\_\_\_ (Title)

of CHRISTOPHER M. JETER, the Applicant for the Certificate of Public  
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

At First Citizens Bank

This the 7<sup>TH</sup> day of January 2009

Ann Marie Nix  
(Notary Public)

Christopher M. Jeter  
(Signature of Applicant's Representative)

Commission Expires: My Commission Expires  
May 13, 2010

## PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant CHRISTOPHER MUTTERER dba C&J Limousine

For the transportation of passengers as follows:

Area to be served: BEAUFORT countyNumber of passengers: MAX 10Fares: \$65 - \$95 per hourDate 1-6-09 CHRISTOPHER MUTTERER  
ByOWNER  
Title

Rev.10/03


## EXHIBIT D

**PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA**

## DESCRIPTION OF EQUIPMENT

[illegible]

\* Seats if passenger carrier.

  
(Applicant)

Date: 1-6-09

(Applicant's Representative)

(Title)

## INSURANCE QUOTE

The following insurance quote is for:

CAMELOT Limousine

(Name of Motor Carrier)

30 Canters Circle, Bluffton, SC 29910

(Address of Motor Carrier)

### Amount of Premium:

Liability Insurance \$2,028.00

The above quoted premium is for a term of 6 months.

### Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

National Casualty Company

(Insurance Company Name)

8877 North Gainey Center Drive, Scottsdale, AZ., 85258

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote. The insurance company making this quote is currently licensed in the State of South Carolina. The insurance company is currently licensed in the State of South Carolina.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative)

This vehicle  
is currently  
insured.  
I will be leasing  
this vehicle.  
Attached is the policy  
schedule. Thank you.

Rev 5/07

**National Casualty Company**

**CHANGE ENDORSEMENT NO.** 002

Policy No. CA00217752

Effective Date: 10-16-08

12:01 A.M., Standard Time

Named Insured CAMELOT LIMOUSINE & TOURS

Agent No. 37015

**COVERAGE PART INFORMATION - Coverage parts affected by this change as indicated by below.** ☒

☐ Commercial Property

☐ Commercial General Liability

☐ Commercial Crime

☐ Commercial Inland Marine

☒ COMMERCIAL AUTOMOBILE

\$ 2,028.00

☐

**CHANGE DESCRIPTION**

THIS POLICY IS AMENDED AS FOLLOWS:

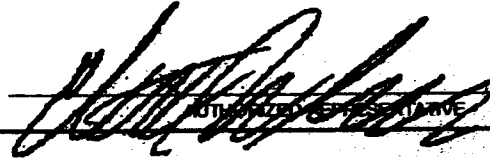
THE FOLLOWING VEHICLE HAS BEEN ADDED:

0007 - SC 2003 LINCOLN LIMOUSINE VIN# 1L1FM81W73Y630178

**PREMIUM CHANGE**

Additional \$ 2,028.00

Return \$ \_\_\_\_\_



# National Casualty Company

## SCHEDULE OF AUTO CHANGES (continued)

Policy No.: CA00217752

Effective Date: 10-16-08

12:01 A.M. Standard Time

Named Insured: CAMELOT LIMOUSINE & TOURS

Agent No.: 37015

Coverages—Premiums, Limits and Deductibles				
Covered Auto Number	Liability Premium	P.I.P. Premium	Added P.I.P. Premium	P.P.I. Premium (Michigan only)
SC7	\$ 1,448			

Covered Auto Number	Auto Medical Payments		Medical Expense Benefits (Virginia Only) Premium	Income Loss Benefits (Virginia Only) Premium	Uninsured Motorist Premium	Underinsured Motorist Premium	Total Liability Premium
	Limit	Premium					
SC7					\$ 52	\$ 88	1588 A/P

Covered Auto Number	Other Than Collision			Collision		Towing & Labor Premium	Total Physical Damage Premium
	Deductible	Comprehensive Premium	Specified Causes of Loss Premium	Deductible	Premium		
SC7	\$ 1,000	\$ 176		\$ 1,000	\$ 264		440 A/P

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# National Casualty Company

## SCHEDULE OF AUTO CHANGES

Policy No.: CA00217752

Effective Date: 10-16-08

Named Insured: CAMELOT LIMOUSINE & TOURS

Agent No.: 37015

12:01 A.M. Standard Time

Coverage affected by this change is indicated as: A= Add, D= Delete or C= Change

Covered Auto Number	Vehicle Covered Is	Description		
		Year	Model; Trade Name; Body Type	Serial Number(s); Vehicle ID Number (VIN)
SC7	A	2003	LINCOLN LIMOUSINE	1L1FM81W73Y630178

Covered Auto Number	Town & State Where Covered Auto Will Be Principally Garaged	Territory	Original Cost New	Stated Amount
SC7	BLUFFTON, SC	157		\$ 25,000

Covered Auto Number	Radius of Operation in Miles	Business Use S= Service R= Retail C= Commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Code
SC7	100			6	425900

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**EXHIBIT FWA**

Name: CHRISTOPHER MUTTERER

Address: 110 HOLLY RIDGE DR. BLAFTON, SC 29910

Telephone No. 843 384 1921 Fax No. \_\_\_\_\_

U.S.D.O.T. No. \_\_\_\_\_ ICC No. \_\_\_\_\_

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes \_\_\_\_\_ No X Pending \_\_\_\_\_ (Submit when received)  
(If "yes", indicate rating and provide copy) Satisfactory \_\_\_\_\_  
Conditional \_\_\_\_\_  
Unsatisfactory \_\_\_\_\_

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes \_\_\_\_\_ No X

3. Are there currently any outstanding judgment (s) against Applicant?

Yes \_\_\_\_\_ No X  
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes X No \_\_\_\_\_

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes X No \_\_\_\_\_

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Chris Mutterer  
(Applicant's Signature)

Sworn to before me

At First Citizens Bank

This seventh day of January, 2009

Ann Marie Nix  
(Notary Public)

Commission Expires: \_\_\_\_\_

My Commission Expires  
May 13, 2018